EFFECTIVE PARTNERSHIPS: A Civil Society PERSPECTIVE

BONISWA SETI
TB/HIV WORKSHOP
MAPUTO, MOZAMBIQUE
10 – 12 APRIL 2013

Aligning HIV/AIDS and Human Rights
BACKGROUND

- ARASA is a partnership organization of 60+ civil society organizations in SADC and expanding to Kenya and Uganda
- Country programmes
  - Training and capacity building
  - Advocacy
- Small grants programme
  - Annual training of trainers
  - Proposals to conduct projects in country
COUNTRY PROGRAMMES

• Botswana
• Lesotho
• Swaziland
• Mozambique
• Malawi
• Zambia (still to be implemented)
SMALL GRANTS

• Increase in the number of small grants since inception of the programme (ITPC)
• Different projects
• 4 grantees focused on TB and HIV using the 3I’s toolkit
HOW WE DO IT?

• Participatory engagement
• Encouraged collaborative efforts vs. segregated planning; reporting; implementation
• Language
  – Less scientific jargon
  – Welcoming (suspects and cases)
  – AVOID MOSOTOS
The Need for Community Mobilisation: Service Delivery

• TB/HIV response needs to be integrated (1 patient, 1 provider, 1 facility) and decentralised to primary health care level

• Government providers are clearly outstripped of their ability to sustain an adequate, patient-centred TB response at the community level

• Experience has demonstrated immense benefit to health systems of expanded community role in service delivery
The Need for Community Mobilisation: Advocacy

- Progress in the global and national fight against HIV was driven primarily by advocacy
- By contrast, TB response has historically been neglected
  - **TB/HIV integration slow**
  - TB “factories” persist
  - Resources are scarce
  - No rights-based approach
- “Conscious leadership” presents window of opportunity – but we need much more than strategic partnerships
- Advocacy to break out of comfort zone to generate truly “vigorous” response

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CIVIL SOCIETY INTERVENTIONS

Promotion of the Three I’s HIV/TB Toolkit
Background on Toolkit development

- 2008: Discussion on “Strengthening advocacy by improving clarity on the Three I’s for HIV/TB”

- FAQs process initiated at WHO Geneva

- 2010: Review of FAQs reveals persisting challenges with accessibility and clarity

- WHO supports development of toolkit containing accessible and scientifically accurate training and advocacy materials to promote the accelerated implementation of the Three I’s for HIV/TB.
Stakeholder Consultation on the
Three I’s for HIV/TB

• A joint ownership initiative to ensure that toolkit is contextually relevant, accessible and responsive to gaps and opportunities

• ARASA brought together civil society, traditional health practitioners, health care workers, journalists, government representatives, WHO/TB technical experts from South Africa, Zambia, Botswana, Mozambique, Swaziland and Lesotho at a Workshop in December 2010.

• Aims:
  1. Bring stakeholders up to speed with updated WHO guidelines
  2. Identify obstacles and opportunities with respect to accelerated implementation of the Three I’s
  3. Inform the development of the toolkit in accordance with regional needs

• Structured group work focused on developing innovative educational or implementation strategies for case studies simulating real-life situations

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Three I’s HIV/TB Advocacy Toolkit

The toolkit includes a variety of resources to be used by health care workers, civil society, and community stakeholder at large. It includes:

1. **FAQs** on the *Three I's for HIV/TB* for health workers and communities
2. **Glossary** to define scientific terms
3. **Congregate settings** examples to highlight the impact of TB in settings outside of health facilities
4. **Posters** to promote the adoption of the Three I’s for HIV/TB to be used both by health facilities and the community at large

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Three I’s HIV/TB
Advocacy Toolkit...cont

5. **Checklists** for patients and communities as well as health workers

6. **Presentations** and the *Three I's for HIV/TB* to summarize existing scientific research and promote evidence based advocacy

7. **Best practices** which provided a collection of good-practice case studies to support implementation of different elements of the *Three I's for HIV/TB*

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The Three I’s Super Heroes

BE A HERO
FIGHT TB!

IP: (Isoniazid Preventive Therapy): A pill a day keeps TB away
IC: (Infection Control): Stop TB from spreading in the air
ICF: (Intensified case finding): Find and treat cases of TB
BEST PRACTICE EXAMPLES OF COMBATTING TB IN SOUTHERN AFRICA

Botswana • Lesotho • South Africa • Swaziland • Zambia
INFECTION CONTROL... in action

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Importance of simplistic, but ‘catchy messaging’
CONCLUSION

A real partnership with communities is one that recognizes equality in decision making

“If a virus and a bacterium can work so well together, why can’t we?” – Mario Raviglioni
Thank you

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